

FORT BEND INDEPENDENT SCHOOL DISTRICT
School Health Services

**Physician's Authorization for
Student Independent Diabetes Monitoring
and Treatment at School**

The student, _____, has successfully completed a return demonstration in the proper management of Diabetes, including:

- blood glucose testing
- insulin administration
- emergency treatment, including the use of fast acting carbohydrates and glucagon.

This patient has been instructed in related safety precautions including the proper disposal of sharps and blood-soiled items.

I have completed and attached a ***Diabetic Management and Treatment Plan***, which includes physician directives for:

- blood glucose testing
- urine ketone testing
- appropriate response to abnormal blood sugar levels
- diabetic medications including Insulin (if applicable at school) and Glucagon.

In my professional opinion, this student should be allowed to carry diabetes supplies, including lancets and syringes, on his/her person, as well as to self-administer and manage diabetes testing and treatment while at school or school related events.

In my professional opinion, this student should not be allowed to carry diabetic equipment on his/her person while at school or school related events.

Physician Signature:	Date:
Printed MD Name:	Date:
Physician's Phone Number:	

I agree with the physician's recommendations as noted above and have informed my child.

Parent's Signature	Date:
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